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ABSTRACT

Adolescent pregnancy is a problem of many dimensions. Young mothers have a greater probability of health problems during pregnancy than women of any other age group except those over age 40. Pregnancy is also the greatest single reason why females drop out of school. Federal legislation provides funds for the establishment of networks of community-based services for adolescents at risk of unintended pregnancies, pregnant adolescents, and adolescent parents. Because of the significant increase in teenage pregnancy, schools have important social and educational responsibilities to young mothers and fathers. The challenge for educators and service providers is to develop creative ways of maintaining linkages between adolescents and the schools and of encouraging students to meet the responsibilities associated with parenthood. (Author/HLM)

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ADOLESCENT PREGNANCY AND PARENTHOOD

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ADOLESCENT PREGNANCY AND PARENTHOOD

Garry R. Walz and Libby Benjamin

Adolescent pregnancy is a problem of many dimensions. Young mothers, particularly those under age 15, have a greater probability of health problems during pregnancy than women of any other age group, except those over forty. The children of adolescent women are more likely to die in their first year of life than those of any other age group. Adolescent mothers bear more babies of low birth weight than other mothers, and babies of low birth weight are the most likely to develop physical and mental disabilities. In addition to these unfortunate statistics, research reveals that pregnancy is the greatest single reason why females drop out of school (Educational Services for Schoolage Parents, 1974). Young fathers are affected, too, and many are unable to continue or complete their education because of the financial burden of supporting a wife and baby. And thus, the cycle begins. Without education, the adolescent girl in most cases is confined to a low-paying job or forced to go on welfare, never returns to school, and often becomes pregnant again.

Public Law 95-626, signed into being on November 10, 1978, provides federal funds to assist in the establishment of networks of community-based services for adolescents at risk of unintended pregnancies, for pregnant adolescents, and for adolescent parents, with primary emphasis on teenagers aged 17 and under. Title VI of the legislation provides for grants to public and private nonprofit organizations and agencies

to help them deliver core services such as pregnancy testing, maternity counseling and referral, family planning, pre- and postnatal care, and education in sexuality and family life. Funding is also provided for supplemental services such as transportation and child care to enable the young mother to continue her education or take a job.

The pregnant teenager is not going to disappear, and the school has an important educational and social responsibility in seeing to it that she gets the kind of education that will be most appropriate for her unique needs. Educators are in a position to help pregnant adolescents and adolescent parents acquire the skills, attitudes, and knowledge necessary to maintain the health of themselves and their babies, to give their offspring appropriate and loving care, and to help themselves and their children become productive citizens in our society. The challenge for educators and others is to develop creative ways of maintaining their linkage with the school and of encouraging them in ways that will increase their self-esteem and competence to carry out life's responsibilities.

Review of Literature and Research on Teenage Pregnancy

The late 1960's and early 1970's were a time of widespread national recognition of the magnitude of the problem of illegitimate births by adolescents. During this period an extensive body of writing and research was conducted. Interestingly, there appears to have been a diminution in both the literature and especially the research effort during the past five years. Whether this is a temporary drop in momentum to explore the causes and outcomes of teenage pregnancy or a societal expression of diminished interest in the problem is not clear.

Research relating to teenage pregnancy abounds. Its quality and utility, however, are questionable. Much of the data were gathered from small clinical populations, and the research designs lacked adequate controls or employed unsophisticated methodology. Because the available literature on teenage pregnancy is fragmented and lacks a sound research and theoretical base, it is therefore very difficult to make appropriate and relevant generalizations. As they examine this large body of literature, researchers will decry the adequacy of the data from which to generalize about the effects of teenage pregnancy and practitioners and school administrators will bemoan the lack of specific program and practice information which they can use in their own particular school settings. Keeping in mind the limitations in the data, then, the following generalizations are offered to assist readers to form their own images of the dimensions of the problem of teenage pregnancy and to develop appropriate responses to it.

1. The factors most consistently related to high teenage pregnancy rates are low socioeconomic status, race, family instability, and peer expectation. Grouped together, these factors identify a high-risk population for teenage pregnancy. They are insufficiently precise, however, to make it possible to identify individuals who are at risk.

2. Our improved living conditions, nutrition, and health care have greatly increased the potential for girls to conceive at early ages. Since it is possible for girls to become pregnant earlier, it should not be a surprise that they are doing so.

3. Many theories have been propounded to explain the factors associated with teenage pregnancies. It has been suggested that girls who lack a sense of personal worth and who do not understand and

accept themselves are less likely to use and plan for contraceptives. The family relationships most often identified as being related to early pregnancy are closeness to father, lack of closeness to mother, and generally unstable family relationships. Some research suggests that girls who are inner-directed are less likely to experience early pregnancy than those who feel that they are controlled by outside events and pressures. Additionally, anomie, rootlessness, and lack of purpose have been associated with pregnancy among adolescents. Overall, it can be said that the psychological theories put forth to explain pregnancy among adolescents are at best suggestive and provide no truly definitive insights into teenage sexual behavior.

4. A frequent sociological explanation for adolescent pregnancy is the influence of the troubled family. It has been suggested that the more frequent dysfunction among low-income families would support the high correlation between low socioeconomic status and frequent incidence of adolescent pregnancy. Researchers, however, are increasingly unwilling to accept the notion of a "culture of poverty." Many reasons certainly exist for the relationship between lower socioeconomic status and early pregnancy, but many of them may be as simple as lowered availability of abortion and lack of economic resources.

5. People are increasingly reluctant to accept the notion that adolescent girls who become pregnant are a special group. Some studies indicate that pregnant teenagers are conventional, outgoing, open, and enthusiastic, while others have found them to exhibit patterns of social deviancy, conflict, and interpersonal insensitivity.

6. Clearly, teenagers of today are experiencing more peer and media pressure to experiment with sex than those of previous generations. This

does not imply promiscuity; rather, it may mean that adolescents are prone to experiment sexually with someone they know well. It appears that as the age of steady dating decreases the age of initial pregnancy decreases. It might be said that adolescents are seriously groping for a socially sanctioned way of controlling and expressing their sexual impulses.

7. Social settings in which sexual experience is considered to be acceptable lead to more sexually experienced teenagers and higher rates of adolescent pregnancies. More blacks than whites begin sexual experimentation at a younger age, particularly blacks in low income categories.

8. Many studies reveal that pregnant adolescent girls lack understanding of the relationship between sexual intercourse and pregnancy. In many situations it appears that pregnant teenage girls lack the maturity and knowledge to foresee the consequences of their behavior and to take the steps necessary to avoid pregnancy. Investigations into the major reasons for non-use of contraceptives have identified such factors as guilt over sexual activity, denial of the possibility of pregnancy, and generally impulsive behavior. An additional reason expressed by many is physician and medical center reluctance to offer contraceptive advice and devices to adolescents.

9. Large numbers of adolescents commonly believe that pregnancy is something that cannot happen to them. The reasons they give most often are that they are too young, their sexual encounters are infrequent, sexual activity occurs at the wrong time of the month, they believe that withdrawal is an effective preventive device, or they think simply that because they don't want it to happen it won't.

10. Research reports regarding the health risks to adolescents of pregnancy are confusing and contradictory, and researchers have had little success in identifying those specific factors which produce medical risks. Maternal age may by itself be related to ncreased complications, but these are compounded by other factors, especially ones associated with low socioeconomic status. Though definitive evidence is lacking, the preponderance of data supports the view that pregnancy is high risk for a teenager.

11. Medical risks to the children of adolescent mothers are important and evident. They include premature birth, low birth weight, early mortality, and physical and neurological defects. Babies born to adolescents less than 16 years of age are two to three times more likely to die in the first year. Also teenagers are two-and-a-half times more likely to give birth to children with neurological defects.

12. Adolescent pregnancy is a period of intense psychological stress for the young woman and the significant others in her life. Girls who become pregnant as teenagers often experience three crises concurrently--adolescence, early marriage, and pregnancy, each of which requires profound adjustments.

13. Studies of unwed, pregnant teenagers characterize their prevailing feeling tone as one of doubt, uncertainty, loneliness, and helplessness. Some studies have found that as many as 13% of pregnant teenagers attempt suicide.

14. A pregnant teenager may well enter a period of lost opportunities. Taking care of a baby's needs can severely limit her ability and desire to take advantage of opportunities which could improve her life. An all-too-common pattern is one of limited education, a poor paying job or unemployment, unwanted children, and an unsatisfactory marriage.

15. A high correlation has been found between premarital pregnancy and the economic status of the family after marriage. It has been documented that the lower the current income the higher the percentage of couples who have experienced a premarital pregnancy. Numerous studies have shown that as high as 90% of pregnant teenagers experience subsequent unemployment.

16. The pregnant teenager's marriage is frequently associated with family instability and divorce. Marriages of teenagers are two to three times more likely to dissolve than marriages occurring after age 20. The marriage pattern is frequently one of dissatisfaction, depression and low self-esteem, and poor parenting leading to child abuse. Some researchers have identified strengths in teenage marriages such as warmth and physical interaction.

17. The cost to society of teenage pregnancies has been viewed from many standpoints. Among the more commonly cited are the threat to society of the maintenance of legitimate family life, and the increased costs to taxpayers for out-of-wedlock births. Societal services provided for pregnant teenagers are a major cost to society; pregnant teenagers constitute a large segment of AFDC or ADC recipients. Increasingly attention has been drawn to the loss in human potential resulting from adolescent pregnancy and marriage which hamper individuals' opportunities to develop their personal assets and to capitalize on the opportunities in their environment.

Conclusions

A review of the research generalizations presents a picture that is relatively negative and bleak. The undesirable consequences of early pregnancy to the adolescent and her significant others, and to

society and the community, are many. What the statistics may hide are individual pregnant teenagers who, through a combination of their own personal strengths, skills, and coping styles, are able to become loving and effective parents and occupationally contributive members of their communities. Research can have negative consequences. It can lead to an acceptance of the status quo--"That's the way it is and that's the way it's going to be!" We must not let what has been blind us to what can be. We should use what findings we have to develop programs that will erase the graphic picture of despair and lost opportunities of the pregnant teenager which research has painted for us. The next section reviews programs and practices which have promise of helping pregnant girls and adolescent parents lead fully-functioning lives.

Educational Programs

A pregnant young girl needs help from the time she discovers her pregnancy, through the pregnancy, and for several years following the birth as she seeks to develop a life that will be rewarding for herself and productive for society. Adolescent pregnancy often initiates a cycle of dropping out of school, dependence on welfare, creation of unstable families, and repeated pregnancies. A recent Yale study (Klerman & Jekel, 1973) revealed that school attendance "was associated with a delay in subsequent pregnancies." Increasingly, schools are recognizing that they can play a significant role in providing sufficient education to prepare pregnant teenagers and young mothers for the most challenging occupations they can master, as well as to prevent them from having a second pregnancy before they are 20.

Barriers to Continuing Education

If continuing in school is key to breaking the "unwed mother cycle" (Berg, et al., 1979, p. 34), then the obvious first step is to remove the barriers which discourage it. Prior to 1964, many schools had policies which prohibited attendance by pregnant students or young mothers, policies which have since been struck down by federal and state legislation so that now a student has the right to an education whether married, pregnant, or a parent. With the legal obstacles removed, however, pregnant teenagers still face an uphill battle in continuing their education. Listed below are brief descriptions of the most common barriers encountered by these young women.

1. Attitudes of educators. Teenage pregnancy triggers personal reactions in everyone, professional educators not excluded. Often, teachers and administrators may exhibit, albeit unknowingly, negative attitudes toward the pregnant student which make her feel embarrassed or rejected. Or, because they equate parenthood with maturity, they may withdraw adult support and guidance just when the young person needs it most. On the other hand, some teachers may become overly involved in the student's life, extremely protective, and judgmental in regard to decisions the young girl must make.

2. Conflicts within self. School-aged girls face many problems. Many are still children themselves, wrestling with and not having yet resolved the transition from childhood to adulthood, so preoccuppied with anxiety about changes in their physical selves and the meaning of impending parenthood that they may temporarily lose their ability to cope. Because the norm condemning premarital sex is still strong, the pregnant young girl may suffer shame and lowered feelings of self-worth

which, coupled with social stigma, peer disapproval, family pressure, and financial worries, exacerbates the situation.

3. Lack of motivation. Adolescent childbearing is an offense against planning; it represents neglect of the ability to judge the present in terms of the long-term future and to deal with consequences. Focus on the present makes the ability to prioritize behaviors, delay gratification, and make long-term investments of self meaningless. With such attitudes, it becomes easy for the pregnant young girl to become resigned to her situation and to abandon efforts to improve and enhance her future through further education and training.

4. Lack of a relevant educational program. Few institutions are yet equipped to provide an educational or training program flexible enough to accommodate the pregnant girl's or the young mother's needs. Laudable efforts are underway in some areas, but much needs to be done. Studies indicate (Osofsky, et al., 1968) that many girls in this category have extremely complex educational difficulties, including little parental support, low motivation, low IQ scores (which may be unrelated to true educational capacity), minimal basic skills, and a history of truancy and/or absences from school.

5. Lack of child-care facilities. Another barrier causing difficulty for the young mother in her attempts to continue her education is her baby. Infant day care centers are almost nonexistent or, if available, are prohibitively expensive. An infant day care center within a school could offer services to young mothers and at the same time provide useful prenatal information and instruction for pregnant girls and for all girls--indeed, for all interested students, boys and girls alike.

Types of Educational Programs

A variety of educational programs is available to the pregnant teenager depending on where she happens to be. These include instruction in school as part of the regular curriculum, special classes, adult day or night school programs, alternative schools, home instruction, programmed learning, and TV teaching. The focus of all such special programs, as in regular school programs, is on helping these young women develop into productive citizens.

If the public school in her area has a program, course content for the pregnant girl usually includes practical information about nutrition, health, child development, adolescent development, first aid, prenatal care, financial matters, and instruction in basic skills such as reading, English, and mathematics. Teaching of employability skills and/or some form of vocational education is usually part of the course offerings, as is information about contraception to help prevent repeat pregnancies. Counseling services are often provided as well.

A few schools make provision for postnatal courses and infant day care so that young mothers can attend school without incurring extra financial strain. An example of this is the "Comprehensive Services for School-Age Parents," developed by the Philadelphia School District (Magid, et al., 1979). Essential components of programs for young mothers are helping them to catch up with work missed during the period surrounding the birth, providing skills and information necessary to maintaining a stable family life, informing them about health care for themselves and their child, improving their parenting skills/knowledge, and helping them to adjust psychologically to their new status. Some schools require that special classes for pregnant girls or young parents

be held outside normal school hours, while others integrate the classes into the regular school day.

Few schools are able to offer such a breadth of services within the regular curriculum, and often several neighboring districts link with community agencies to establish a centralized alternative learning setting. The Wayne County Intermediate School District (Michigan), for example, is the setting for an "Alternative School for Teenage Parents," which provides services for approximately 100 pregnant teenagers and/or teenage parents per year from 14 feeder school districts. Students are allowed to stay in the program for as long as they need to before returning to the regular high school to complete work for their diploma. At this Alternative School, which also accepts the young fathers, the students are involved in academic learning in a highly individualized tutored format and in workshops and group meetings for the other aspects of the program. This school is unique in that it provides free infant day care for students both while they are in the program and after they return to the regular school or become employed.

Alternatives to the regular school program may be sponsored jointly by school boards, universities, hospitals, county health departments, and/or various agencies. Collaboration by a number of institutions or organizations makes possible a more comprehensive set of services that can respond to the teenager's unique medical, social, psychological, and educational needs. The Y-MED (Young Mothers' Educational Development) Program in Syracuse and Onandaga Counties (New York) is a good illustration of a cooperative community effort to respond to the needs of this population (Osofsky, et al., 1968). Another is the New Futures School (1970) developed by the Albuquerque (New Mexico) Y.W.C.A. in cooperation with the Albuquerque Public

Schools, and supported by 14 other community groups. The Crittendon Hastings House in Brighton, Massachusetts, which has been serving inner-city teenage pregnant women in a day program since early 1973 (Cartoof, 1978), obtains its financing from five major sources including the State, private foundations, and endowment funds.

Education in the home, although it contributes to the young girl's sense of isolation, may be necessary in some cases. The Lafayette Parish Homebound Program in Louisiana (Link, 1979) has included the teaching of pregnant girls since the early 1950's. Due to increasing numbers of students, however, a self-contained class has now been established that enables far more young people to continue with their education. The class was originally designed to accomplish educational goals, but it became evident very soon that young girls (ages 12 to 18) needed much more information than academic instruction. The program has since been expanded to include information on family planning, drug abuse, child abuse, labor and delivery, and nutrition. A most positive outcome of this program has been the establishment of committees concerned with teenage parents throughout the State. Home-based instruction has been a part of school services for many years, but pregnancy has not always been included as a qualification for receiving such services. New legislation and increasing social concern have changed this situation.

Feelings of alienation contribute greatly to a young girl's desire to drop out of school, and the literature on special programs for this group reflects intense efforts by program developers to keep the young girls in the mainstream of education, to help them stay abreast of their classmates, and to encourage their participation in regular classes as

much as possible. While academic instruction in most cases is highly individualized, the group approach has been found to be highly effective in the more affective and nonacademic components of the program (Adams, et al., 1976). Programs that do not work are those that insist on isolation of the pregnant girl, thus decreasing peer contact and support and increasing the chance that she will abandon her education.

The most successful efforts for educating this population, school-based or otherwise, are comprehensive interdisciplinary programs incorporating nonjudgmental, sympathetic care and teaching that increase the student's self-esteem, help her acquire life competencies, and encourage her to continue her education. The concerns of a teenage pregnant girl or very young mother are numerous and complex. They include decisions about abortion, marriage, or keeping the child; physical complications of pregnancy, premature birth, and malnutrition; and psychological problems of decreased motivation, lowered self-esteem, and unsettled life conditions. Having the baby is usually only the beginning of the real problems, and most programs attempt to include postpartum education for at least two years following the birth.

Recommendations

The following list of suggestions and recommendations is based on our direct experience in talking with program directors and on ideas that have been culled from an analysis of the literature. These recommendations are not intended to be hard and fast rules as to what should or should not be present in a program. Rather, they are intended to highlight important aspects of program development and operation and to stimulate school program developers and decisionmakers to design and manage their own programs. If they

can be of comfort and assistance to people already involved in school programs for pregnant teenagers or suggest new ideas and approaches worthy of trial, then we will feel they have served a useful purpose.

1. Establish an independent and comprehensive program for pregnant teenagers. A program should be able to offer a full range of support services to the pregnant adolescent girl as well as to significant others in her environment, e.g., parents, siblings, and male friends. We believe that this can best be accomplished through a program outside the school setting. A community center or a center located at the intermediate district level that can serve a number of subscribing schools appears to be an excellent facility for housing such a program. Services should include information on prenatal care and delivery, nutrition, health, contraception, and parenting; counseling; educational skill-building; work experience and placement; a day-care nursery; and a range of other relevant community services and resources.

In our experience an individual school will find it difficult to provide the range and depth of services required in a program for pregnant teenagers. There is also the subtle but important factor that supporting an independent but closely-linked program may enable a school to avoid drawing as many negative responses and reactions as might occur if the program were physically located in the school building.

2. Establish a strong counseling component. Many adolescent girls who become pregnant possess low self-esteem and exhibit immature behavior. For the majority pregnancy is a traumatic experience threatening their already frail grip on their sense of themselves as

worthy people. Providing them with information and/or more classes will do little to change this basic need to feel better about themselves. Key to developing a stronger sense of personal worth is a vital counseling program. Individual and group counseling sessions can help the girls dispel feelings of shame and loneliness, eliminate self-defeating behaviors and irrational thoughts and beliefs, and come to recognize their positive assets. Further, a warm and accepting environment can enhance their ability to profit from academic and skill instruction. Counselors can also assist each girl in the process of self-exploration leading to appropriate and realistic decisions about future occupational choice. An important outcome of the counseling experience is that each girl have a new sense of her future, with clear guidelines as to the steps she can take to be the kind of person and to live the kind of life that she would choose.

3. Provide for continuous and extended follow-up. One of the most difficult periods for any girl experiencing an adolescent pregnancy is after the birth of her child. Many of the former doubts, uncertainties, and self-depreciation recur, and old patterns of ineffective and self-defeating behaviors often reassert themselves. It is therefore of the utmost importance that the program continue its strong bond with the adolescent girl. This can be accomplished through regular telephone calls of gradually decreasing frequency, interspersed with personal visits. Girls who have been through childbirth may also help others in the program by participating in discussion groups and interactions regarding their own experiences. Counselors can be of great value in the follow-up in helping to resolve older mother/younger mother conflicts or providing other forms of family counseling assistance.

Follow-up also provides important information and data necessary for making decisions about changes or improvements in the program. Thus, the follow-up program is not only a compassionate and necessary human link and outreach but is also a vital source of information for ongoing evaluation and development.

4. Systematically conduct needs assessments of community members and pregnant adolescents. A systematic needs assessment frequently reveals areas of need that may either have been ignored or are of more importance than program managers believed them to be. Therefore, it is important to obtain regular input from significant members in the community and from people being served by the program as to what their current needs are. Such an approach not only provides substantive information for program emphasis and content but also communicates clearly to community members the desire of the program staff to be responsive to their needs and interests.

5. Build a broad financial support base. Sources of funding for special programs are rarely as extensive, as dependable, or as free from restrictions as program directors would desire. The best way of responding to this fickle if not irascible situation is to try to find as many different funding sources as possible. Federal and state vocational/educational funds, special grants from community groups, voluntary contributions, endowment funds, money obtained by the program itself through special fund-raising drives, special sales, and/or the operation of a resale shop are just some of the possible sources of funds that can support the program. Diversifying the funding base means that the withdrawal of funds from one source will not completely extinguish the program and allows the program

to grow in directions beyond those that a single funding source will support.

6. Provide a strong work and career emphasis in the program. In many ways the ultimate effectiveness of the program is judged by how effectively the girls are able to function after they leave and whether they become contributive members of society. The majority of these young women will work for a large share of their adult lives, unless they choose the route of welfare--a not unfamiliar route for pregnant teenagers. One important way to prevent dependence on public assistance is to help each girl to realize her employment potential and to obtain assistance and training in areas appropriate for her interests and aptitudes. In so doing job stereotyping should be avoided so that each girl can pursue any occupation for which she is equipped.

7. Plan for the use of differential staffing in the program. The wide range of competencies needed to conduct an effective program and the usual limitation of funds clearly call for staff with varying backgrounds and skills. What seems desirable is a differential staffing pattern that includes fully-credentialed professional teachers, counselors, and medical personnel as well as a variety of paraprofessionals and volunteers, including the girls' parents, alumni or previous members of the program, and college and university interns. Such a mix of staff supplies the broad range of skills and experiences needed to offer the comprehensive services that are so important, and often provides a degree of expertise impossible were it all to be paid for. Such a pattern calls for expert supervision and management to weld all of the support staff into a cohesive and effective operating

unit. Therefore, the selection of the director and key professional staff becomes particularly important in a program utilizing the differential staffing approach.

8. Organize an influential advisory group. Critical to program success is the ability of the staff to establish linkages with key decision-makers and opinion-influencers in the community. An advisory committee comprised of such individuals can be of great help to the project staff in dealing with ongoing problems and situations. The committee can also help with legal and financial difficulties with a degree of expertise that might not otherwise be available to the program staff. Certainly, one important role that the advisory committee performs is lending prestige to the program. The very fact that respected community members deem the program sufficiently worthy to become advisory committee members communicates the importance of the program and the need to provide support for it.

9. Conduct evaluations and follow-up on a regular basis. A special form of excitement and satisfaction is realized from operating a program for pregnant teenagers. All of the staff members we interviewed felt that they were making a vital contribution and a real difference in the lives of the young women in their program. Staff enthusiasm and satisfaction, however, are not sufficient to convince others not so closely identified with the program that it is doing what it should do or performing as efficiently and cost-effectively as it might. Therefore, it is essential that evaluation be an ongoing and systematic component of the program.

Human services professionals often give so much of themselves in a helping/caring way that it is difficult for them either to

design or manage a truly valid evaluation program. Therefore, it would seem desirable to seek the assistance of other knowledgeable persons. Nearby universities and colleges are excellent sources of expertise as well as person-power for the evaluation component. Typically, Departments of Educational Psychology and Counseling are seeking sites for internship experiences for their students. These students can often be helpful in implementing the evaluation effort or even in taking major responsibility for its design. The important considerations here are that the evaluation be well designed and that it assume high priority within the total program.

10. Consult and capacitate other school programs. There are clear limitations to the impact of a program for pregnant teenagers. Particularly as prevention of pregnancy becomes a major goal in the educational process, the program staff need to assist regular school staff and community service personnel to develop programs in sex education that will help all school children become more knowledgeable and exhibit more mature and effective personal behaviors. Frequently school staff are both ill-informed and reticent about dealing with sexual behavior. Therefore, it behooves the program staff to conduct seminars and to consult with school staff about policies and practices that are effective in preventing teenage pregnancy.

11. Build for tomorrow. Program developers can expect indifference and nonsupport, if not outright hostility and opposition, during the initial stages of developing a program for pregnant teenagers. Patience and perseverance are key behaviors at this point, and the staff must bear in mind that setbacks and delays are normal in building a viable and long-lasting program. Planning must include developing a sufficient base of support before moves are made and

keeping community members informed about the goals and activities of the program. If the program staff can keep their eyes on tomorrow but their feet on today, they will be able to respond effectively to immediate needs while doing the things necessary to help the program grow and become even better in the future.

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